



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V
230 SOUTH DEARBORN ST.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

USEPA RECORDS CENTER REGION 5



1000049

MAR 30 1982

Ms. Jennifer Leonard
U.S. Army Rock Island Arsenal
Attn: Sari-ENM-T/Dr J. Leonard
Rock Island, IL 61299

RE: Interim Status Acknowledgement USEPA ID No. IL5210021833
FACILITY NAME: U.S. Army Rock Island Arsenal

Dear Ms. Leonard:


This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,


Karl J. Klepitsch, Jr., Chief
Waste Management Branch

gpk
3/30/82

Enclosure

EPA ID NUMBER

IL5210021833

ROCK ISLAND ARSENAL

FEDERAL GOVERNMENT DEPT OF THE ARMY

ARSENAL ISLAND
ROCK ISLAND IL 61299


UNIT OF MEASURE

GU

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE	UNIT OF MEASURE	CODE
<hr/>				
STORAGE:			GALLONS	G
-----			LITERS	L
CONTAINER	S01	G or L	CUBIC YARDS	Y
TANK	S02	G or L	CUBIC METERS	C
WASTE PILE	S03	Y or C	GALLONS PER DAY	U
SURFACE IMPOUNDMENT	S04	G or L	LITERS PER DAY	V
DISPOSAL:			TONS PER HOUR	D
-----			METRIC TONS/HOUR	W
INJECTION WELL	D79	G,L,U, or V	GALLONS/HOUR	E
LANDFILL	D80	A or F	LITERS/HOUR	H
LAND APPLICATION	D81	B or Q	ACRE-FEET	A
OCEAN DISPOSAL	D82	U or V	HECTARE-METER	F
SURFACE IMPOUNDMENT	D83	G or L	ACRES	B
TREATMENT:			HECTARES	Q
-----			POUNDS/HOUR	J
TANK	T01	U or V	KILOGRAMS/HOUR	R
SURFACE IMPOUNDMENT	T02	U or V	TONS PER DAY	N
INCINERATOR	T03	D,W,E, or H	METRIC TONS/DAY	S
OTHER	T04	U,V,J,R,N, or S		

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 10/31/99
GSA GEN. REG. NO. 246 EPA-OT

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).		Notification of Regulated Waste Activity  United States Environmental Protection Agency		PROGRAM MANAGEMENT BRANCH Waste, Pesticides & Toxics Division	
I. Installation's EPA ID Number (Mark 'X' in the appropriate box) <input type="checkbox"/> A. Initial Notification <input checked="" type="checkbox"/> B. Subsequent Notification (Complete Item C)		C. Installation's EPA ID Number I L 5 2 1 0 0 2 1 8 3 3			
II. Name of Installation (Include company and specific site name) R O C K I S L A N D A R S E N A L					
III. Location of Installation (Physical address not P.O. Box or Route Number) Street R O D M A N A V E N U E Street (Continued) City or Town R O C K I S L A N D State I L Zip Code 6 1 2 9 9 - 5 0 0 0					
IV. Installation Mailing Address (See Instructions) Street or P.O. Box R O D M A N A V E N U E City or Town R O C K I S L A N D State I L Zip Code 6 1 2 9 9 - 5 0 0 0					
V. Installation Contact (Person to be contacted regarding waste activities at site) Name (Last) F O S S (First) D A V I D Job Title E N V C O O R D I N A T O R Phone Number (Area Code and Number) 3 0 9 - 7 8 2 - 7 8 5 5					
VI. Installation Contact Address (See Instructions) A. Contact Address Location <input type="checkbox"/> Location <input checked="" type="checkbox"/> Mailing B. Street or P.O. Box S I O R I - S E V R O D M A N A V E N U E City or Town R O C K I S L A N D State I L Zip Code 6 1 2 9 9 - 5 0 0 0					
VII. Ownership (See Instructions) A. Name of Installation's Legal Owner A L A N D K R U S E C O L O N E L Street, P.O. Box, or Route Number S I O R I - C O R O D M A N A V E N U E City or Town R O C K I S L A N D State I L Zip Code 6 1 2 9 9 - 5 0 0 0					
Phone Number (Area Code and Number) 3 0 9 - 7 8 2 - 6 0 3 5		B. Land Type <input checked="" type="checkbox"/> F	C. Owner Type <input checked="" type="checkbox"/> F	D. Change of Owner Indicator Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
				(Date Changed) Month: 0 7 Day: 2 0 Year: 9 8	

US EPA RECORDS CENTER REGION 5



1000050

7/21/99
sh

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
☒ a. Greater than 1000 kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see Instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption
Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device

- ☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)

- ☐ a. Transporter

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
☐ b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)

☒

2. Corrosive (D002)

☒

3. Reactive (D003)

☒

4. Toxicity Characteristic

☒

(List specific EPA hazardous waste number(s) for the Toxicity characteristic)

D 0 0 6

D 0 0 7

D 0 0 8

D 0 1 1

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1
F 0 0 1
7

2
F 0 0 2
8

3
F 0 0 5
9

4
F 0 0 6
10

5
11

6
12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1
U 2 2 6

2
U 2 2 8

3

4

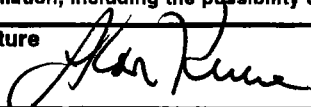
5

6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature



Name and Official Title (Type or print)

ALAN D. KRUSE
Colonel, OD, Commanding

Date Signed

22 JUN 1999

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

PART A File



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

IL5210021833

REACKNOWLEDGEMENT

US ARMY ROCK ISLAND ARSENAL
ATTN: SARRI-ENM-T/DR W SHORE
ROCK ISLAND

IL 61299

INSTALLATION ADDRESS

ARSENAL ISLAND
ROCK ISLAND

IL 61299



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

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EPA I.D. NUMBER

IL5210021633

REACKNOWLEDGEMENT

US ARMY ROCK ISLAND ARSENAL
ATTN: HARRIS-ENH-T/DR W. SHORE
ROCK ISLAND

IL 61299

INSTALLATION ADDRESS

ARSENAL ISLAND
ROCK ISLAND

IL 61299



DEPARTMENT OF THE ARMY

ROCK ISLAND ARSENAL
ROCK ISLAND, ILLINOIS 61299

file.

IL5210021833

15 AUG 1980

SARRI-CO

Mr. Y. J. Kim
US Environmental Protection Agency, Region V
RCRA Activities
P. O. Box 7861
Chicago, IL 60680

Dear Mr. Kim:

This letter provides US EPA with notification of hazardous waste activity at Rock Island Arsenal (RIA) including generation, treatment and storage of such waste. This information is provided in accordance with the final regulations implementing Subtitle C, "Hazardous Waste Management", of the Resource Conservation and Recovery Act, published 19 May 1980. The US EPA Form 8700-12 (6-80) "Notification of Hazardous Waste Activity" (Incl) is submitted in accordance with those regulations. The postcard, "Request for Part A", has been mailed separately.

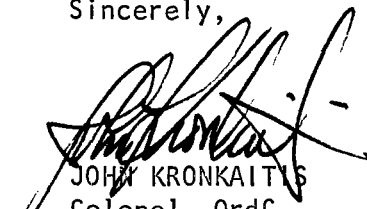
The EPA I.D. No. ILD079130530, on the mailing label, is believed to be incorrect. The Office of Management and the Budget has issued RIA the number IL-2138-21833 (entered in Block VIII) and is used by HQ EPA offices in Washington, DC to track environmental activity at RIA.

Further information concerning this correspondence may be obtained through the RIA Environmental Coordinator, addressed as follows:

Commander
Rock Island Arsenal
ATTN: SARRI-ENM-T/Dr. W. S. Shore
Rock Island, IL 61299

or telephone as required (309)794-5504.

Sincerely,


JOHN KRONKAITIS
Colonel, OrdC
Commanding

1 Incl
As stated



U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

IL5210021833

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

UNITED STATES DEPARTMENT DEF
ARSENAL ISLAND
ROCK ISLAND, IL 61204

000457 AUG 22 80

III. LOCATION OF INSTALLATION

ARSENAL ISLAND
ROCK ISLAND, IL 61204

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

FL5210021833

APPROVED

A

DATE RECEIVED (yr., mo., & day)

80 08 18

US. ARMY ROCK ISLAND ARSENAL

I. NAME OF INSTALLATION

COMMANDER, ROCK ISLAND ARSENAL

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

ATTN: SARRI-ENM-T/DR. W. SHORE

CITY OR TOWN

ROCK ISLAND

ST.

ZIP CODE

61299

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5

CITY OR TOWN

6

ST.

ZIP CODE

61299

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

SHORE, WILLIAM ENVIR COORD

PHONE NO. (area code & no.)

309-794-5504

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

FEDERAL GOVERNMENT DEPT OF THE ARMY

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

F

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IL5210021833

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

AUG 19 1980

WIL521002183321

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 0 2 23 - 26	3 F 0 0 3 23 - 26	4 F 0 0 5 23 - 26	5 F 0 0 6 23 - 26	6 F 0 0 7 23 - 26
7 F 0 0 9 23 - 26	8 F 0 1 0 23 - 26	9 F 0 1 1 23 - 26	10 F 0 1 2 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 K 0 6 1 23 - 26	14 K 0 6 2 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

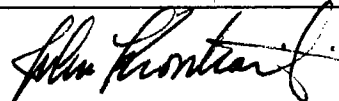
☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) JOHN KRONKAITIS Colonel, OrdC Commanding	DATE SIGNED 15 Aug 80
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